



APPLICATION DATA SHEET FORM

Inventor Information

Inventor One Given Name:: Christopher M.
Family Name:: Mayer
Postal Address Line One:: 1 Haven Street
City:: Dover
State or Province:: MA
Country:: USA
Postal or Zip Code:: 02030
City of Residence:: Dover
State or Province of Residence:: MA
Country of Residence:: USA
Citizenship Country:: United States of America

Correspondence Information

Name Line One:: William R. McClellan
Name Line Two:: Wolf, Greenfield & Sacks, P.C.
Address Line One:: 600 Atlantic Avenue
City:: Boston
State or Province:: MA
Country:: U.S.A.
Postal or Zip Code:: 02210
Telephone One:: (617) 720-3500
Telephone Two:: (617) 646-8203
Fax Number:: (617) 720-2441
Electronic Mail:: wmcclellan@wolfgreenfield.com

Application Information

Title Line One:: METHODS AND APPARATUS FOR EARLY
Title Line Two:: LOOP BOTTOM DETECTION IN DIGITAL
Title Line Three:: SIGNAL PROCESSORS
Total Drawing Sheets:: 6
Formal Drawings?:: Yes
Claims:: 12
Application Type:: Utility
Docket Number:: A0312.70524US00
Licensed US Govt. Agency:: N/A
Contract or Grant Numbers One:: N/A
Contract or Grant Numbers Two:: N/A
Secrecy Order in Patent Appl.?:: N/A

Application Data Sheet Form

Representative Information

Representative Customer Number:: **23628**

Assignee Information:

Assignee name::	Analog Devices, Inc.
Street of mailing address::	One Technology Way
City of mailing address::	Norwood
State or Province of mailing address::	MA
Postal or Zip Code of mailing address::	02062